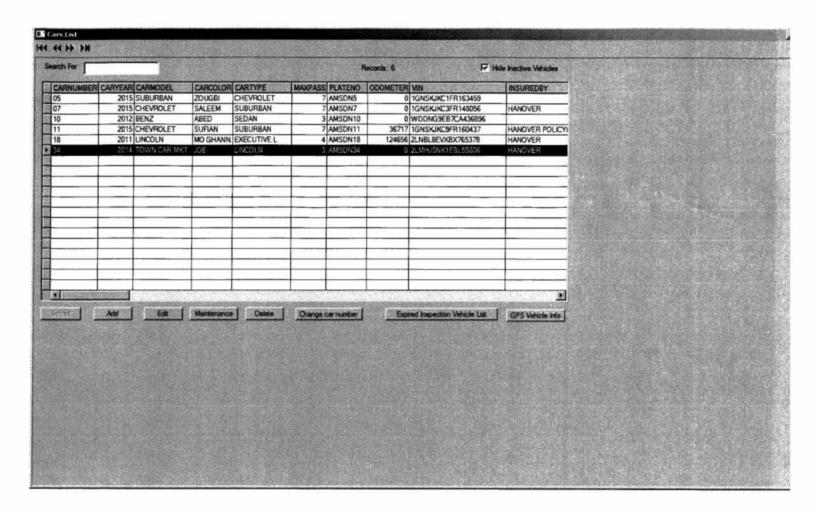
## **Washington Metropolitan Area Transit Commission**

2016 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.											
							JAN 1	9 2016			
1. CARRIER INF	ORMATION:						a la servició de la composició de la compo La composició de la composició				
1648 AMEI	RICAN SEDAN INC										
*WMATC No. *Name of	Carrier (as shown on certifi	icate of a	uthority)								
10810 NORMAN		FA	IRFAX		VA	22030					
*Street Address of Princi		Apt./Sulte	Clty			State	Zip				
P.O BOX 2404		FAI	RFAX		VA	22031					
Mailing Address (if differ		Apt./Suite	City			State	Zip				
703-764-4491 703-861-3777			703-880-0143   info@ai			americ	mericansedandc.com				
Telephone	Other Telephone		Fax		E-mail						
JSDOT No.	DCTC No.	Virgini	005938 a DMV pass			4774	PSC No.				
	TACT PERSON (at mail	ling add									
MOHAMMAD GH Name	ANNAM		ACCOUNT REPRESENTATIVE								
703-764-4491	703-861-3777	1	*Title	0440							
Telephone	Other Telephone		703-880- Fax		msghan E-mall	nam@(	gmail.co	m 			
*Complete section The Metropolita Alexandria, Arlin ZAKARIA ABBA ame of Registered Agent	AGENT INSIDE THE on 4 only if the principa in District includes the gton, Fairfax, Falls Chui AS tor Service of Process	I place e Distric rch, and	of busines	AN DIS ss in se umbia, irport. I	TRICT FO ction 1 is o Prince Go For a full de	outside theorge's (escription	ne Metrop Co., Mon	olitan District.			
657 CRITTENDE	N STREET			WAS	HINGTO	N	DC	20017			
gent Address (must be inside Metropolitan District)			hpt./Sulte	City			State	Zip			

th	at no suc	ch changes ha	cate of authority was issued. If no character occurred.	angeo are ente	SIGU DOIUW	, inc call	ier cerunes
NON	<b>E</b>				·····		
6. *L	IST OF I	REVENUE V	EHICLES USED IN WMATC OPER. e list to both pages of this form. If you	ATIONS: (1)	list your v	ehicles be	elow or (2
mı	ust use of	otion 2. Includ	de <b>all</b> required information.	nave more un	an 10 veni	cies in you	ur neet, you
Fleet No. *Model			*Vehicle VIN	*License Plate			Wheelchair
If applicable		*Make	(17 digits)	Number	*State Registered	*Seating Capacity	Lift or Ramp Yes/No
1	2011	LINCOLN	2NLBL8EVXBX765378	AMSDN18	VA	6	NO
2	2012	Mercedes	WDDNG9EB7CA436896	AMSDN10	VA	5	NO
3	2014	Lincoln	2LMHJ5NK1EBL55806	AMSDN34	VA	5	NO
4	2015	Chevrolet	1GNSKJKC3FR148056	AMSDN7	VA	8	NO
5	2015	Chevrolet	1GNSKJKC1FR163459	AMSDN5	VA	8	NO
6	2015	Chevrolet	1GNSKJC9FR160437	AMSDN11	VA	8	NO
2							,
7. *CE	RTIFICA	ATION:					
certify t	that this	report, includi	ing any attachments, was prepared b	y me or unde	r my supe	rvision, th	at I have
zxamme	u II, ariu I	nat the inform	nation contained in it is true, correct, a	nd complete a	s of this da	ite.	
/lohan	nmad S	S Ghanna	m no	Ms	01	-	
lame (type or print) *Sign							
CEO			01/0	08/2016			
itle (not re	quired for s	ole proprietors)	*Date		1 <del></del>		



JAN 19 2016